

Arundel House of Hope
514 N Crain Highway Suite K
Glen Burnie MD 21061
Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

City _____ State _____ Zip _____

Telephone #: _____ Social Security #: _____

Type of employment desired: _____ Full-time _____ Part-time _____ Temporary _____ On Call

Date you will be available to start work: _____

Are you able to meet the attendance requirements? ☐ Yes ☐ No

Do you have any objection to working overtime if necessary? ☐ Yes ☐ No

Can you travel if required by this position? ☐ Yes ☐ No

Have you ever been previously employed by our organization? ☐ Yes ☐ No

Can you submit proof of legal employment authorization and identity? ☐ Yes ☐ No

If you are under 18, can you furnish a work permit if it is required? ☐ Yes ☐ No

Have you ever been convicted of a crime in the last 7 years? ☐ Yes ☐ No

If yes, please explain (convictions will not automatically bar employment):

Do you have a valid Drivers License? _____ Drivers license number _____

Are there any shifts or days that you can not work? ☐ Yes ☐ No

If Yes, what are they? _____ How were you referred to us? _____

Employment History (Please do not substitute a resume for the following information)

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

References

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

<u>Name</u>	<u>Telephone Number</u>	<u>Relationship</u>	<u>Years</u>
<u>Know</u>			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Why do you want to work with us? _____

Additional Information

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____

Please submit completed applications to:

**Arundel House of Hope
514 N. Crain HWY #K
Glen Burnie, MD 21061**

Or Fax to (410) 863-7235

Arundel House of Hope, Inc.